



LIBERTY LAKE POLICE DEPARTMENT

REQUEST FOR PUBLIC RECORDS

DATE OF REQUEST:

SCSO INCIDENT #:

LLPD INCIDENT #:

REQUESTOR INFORMATION

NAME (Last, First, Middle) or AGENCY:

STREET ADDRESS:

CITY:

STATE:

ZIP:

CONTACT PHONE:

()

DATE OF INCIDENT:

EMAIL:

IDENTIFY IN DETAIL THE DOCUMENTS THAT YOU ARE REQUESTING

(A public disclosure request is the request for a specific and identifiable document. Please clearly describe the actual document you require):

In signing this request, the requestor acknowledges that the records requested may be redacted in accordance with RCW 42.56.

SIGNATURE: _____ DATE: _____

PLEASE NOTE:

There is no charge associated with requests of less than 40 pages of records.

If the request exceeds 40 pages, a .15¢ charge will be applied for each page thereafter. The costs associated with the public disclosure request will need to be received prior to the Department providing the requested documents.

DEPARTMENT USE

DATE RECEIVED:

DATE SENT:

RECORDS CLERK INITIALS:

BY: FAX EMAIL MAIL